Preventive Health Assistance (PHA) Agreement Form Child – Tobacco Cessation

Participant's Name:		MID:	MID:	
Completing this form does not guareturned before you can be approve the Preventive Health Assistance (ed for services. M		-	
Step 1 - Read and sign below.				
I have reviewed the terms of the P Tobacco Cessation PHA	HA Program and	choose to have	participate in the	
Parent or Guardian Signature	Date	Phone Number		
Step 2 - Check the option below for listed beside it:	or the tobacco ces	sation program you have ch	osen and follow the instructions	
QuitNet — Register at PHA with this form.	www.Idaho.quitn	et.com. Print out your online	registration page and mail it back to	
IdahoQuit Now – Refor Program Representa	•	1-8669 and write the FIRST na	ame of your counselor in the space	
All other programs	-Your instructor m	ust sign below as the Program	Representative.	
Program Representative's Name				
Program Representative's Signatur	re Date	Phone Number		
Step 3 – <i>Choose a</i> PHA Approved lauthorize (up to \$200), pleas	•	•	products you want PHA to	
Pharmacy Name and Location	(see list)	Tobacco Cessation Pro	duct	

Step 4- Step 4-Mail or fax this form back to us at the address below. A notice of decision letter regarding your application for the PHA benefit will be mailed to you.

Contact Information

Molina Medicaid Solutions, Attn PHA Department PO Box 70081 Boise, ID 83707 PHA Toll-Free Phone #: 1-877-364-1843

Fax #: 1-877-845-3956